PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

[03, 106 1.01

(Column 1) (Column 2)								TYPE			OR SMALL ENTITY		
то	TAL CLAIMS		17					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TO	TAL CHARGEA	BLE CLAIMS	7 minus 20=		. 0			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	3 minus 3 =		0			X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PR	ESENT					+140=		OR	+280=		
* If the difference in column 1 is less that				than zero, enter "0" in column 2			_	TOTAL		OR	TOTAL	740	
CLAIMS AS AMENDED - PA				- PAR	it II			t 			OTHER THAN		
		(Column 1)	(Column 2)			(Column 3)_	SMALLE	NTITY	OR	SMALLE	NTITY	
NTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 18	Minus	** 2	0	= 0		X\$ 9=		OR	X\$18=		
	Independent	• 6	Minus	***	3	= 3	4	X42=	OF	OR	X84≅	258	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	258	
	(Column 1) (Column 2) (Column 3)						3)	ADDII. 1 EE (9			
AMENDMENT B		CLAIMS]	HIG	HEST		ጎ		ADDI-	1		ADDI-	
	•	REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY DFOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	· 24	Minus	** <i>Ó</i>	30	= 4		X\$ 9=		OR	X\$18=	7a	
	Independent	· 6	Minus	***	<u>6</u>		_	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									I	.000		
								+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	12	
		(Column 1)		(Colu	ımn 2)	(Column 3	3)_						
ပ	19.5	CLAIMS REMAINING	12.7.		HEST MBER	PRESENT			ADDI-			ADDI-	
¥	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AFTER AMENDMENT		PREV	OUSLY FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									 		1	
								+140=	L	OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR	TOTAL ADDIT. FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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1 ·				Complete if Known						
FEE TRANSMITTA	4 L			Application Number		10/084,405				
8 FW 9994		Fiting Date				2/25/2002				
for FY 2004		First Named Inventor			Viswanathan, et al.					
Effective 10/01/20US. Peppint toes are subject to annual ravis	ion.		Daminer Name			Truong,	B. Q.			
Applicant Claims small entity status. See 37 CFR	1.27	\neg	Art Unit 21			2187				
TOTAL AMOUNT OF PAYMENT (S) 72			Attorney Docket No.			103.1061	.01			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)								
Check Credit card Acres Other None	3. A	3. ADDITIONAL FEES								
X Deposit Account	Fee	Entity	Fee Code	Entity For	-	Foo	Description		Fee Paid	
Deposit Action/s Aumour 50-0366	1051	190		(8)	Surcher		ng fee or outh		rec Pala	
Osposii Quemetricul qui Coura	1	-		-						
Account Name Switchisty Law Calcup	1052	50	2052	25	COVER S	hest Dc – lace pro	1 .1			
The Director is authorized to: (check all that apply) [X] Charpe fee(s) indexing property [X] Crarle any expressions are all that are property.	1063	130	1050	130	Hon-En	بالتعميد وادتان	te tius :			
X Charge fee(s) Indicated colour X Credit only overpoyments X Charge any additional fee(s) or any understayment of fee(s)	1812	2,520	1812	2,620	For filing	a request fo	or ex parte reext	mination		
Charge feets) evaluated highest expend for the filling fee	1806	920°	1804	920° 1,840°	Externing	w Action	on of SIR prior (on of SIR wiles	•		
to the above-identified deposit account.		1,010	1603	1,040	Damine	sction	On the City Street			
FEE CALCULATION	1251	110	2251	55	Extensio	n for reply w	Albin first month	ı		
1. BASIC FILING FEE Large Entity Small Entity	1262 1263	420 950	2252	210 475			Minin second mo			
Fee Foo Fee File Fee Description Fee Paid	1254	1,480	2254	740			Whin third month within fourth mon			
1001 770 2001 305 Utility filing fee	1266	2,010	2256	1,006			enin silin mindi			
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of		•			
1003 530 2003 265 Plant filing fee	1402 1403	330	2402	165 145		rief in suppo For oral hea	esque ne to tro			
1005 160 2005 60 Provisional filing fee	1451	1,510	1451	1,510			bripge rise block	tedina		
SUBTOTAL (1) (8)	1452 1453	110 1,330	2452 2453	55	Petition t	a revive - u	Navoidable			
2. EXTRA CLAIM FEEB FOR UTILITY AND REISSUE	1601	1,330	2501	665 665		o nevive ~ ur us fee (or re				
Extra Claims bolow Fee Paid	1502	480	2502	240	Design is	-			 	
Total Claims 24 -20 4 x 18 = 72	1503	640	2503	320	Plant test	Je 100			<u> </u>	
	1460	150	1460	130		to the Comn				
Multiple Dependent I arge Entity Small Entity	1807	50	1807	50			37 CFR 1.17(q)	•		
Large Entity Small Entity Fee Fee Fee Code (\$) Code (\$)	1806 8021	180	1808 8021	180 40			ation Cladesure			
1202 18 2202 9 Ctalms in excess of 20	1809		2809	385	property (f	g each petent assignment per imes number of properties) ubmission after final rejection				
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each	additional in	vention to be		 	
1208 290 2205 145 Multiple dependent claim, if not paid	1801	770	2801	385		(37 CFR 1. or Continued	129(b)) Extransion (RC	: :	 	
1204 BE 2204 43 "Reletue Independent claims over original patent	1002	900	1802	1802 800		Request for expedited exemination of a design application				
1205 18 2205 g **Reinsue claims in excess of 20 and over original patent		•								
SUBTOTAL (2) (\$) 72	Other fo	o (spaci	n							
** or number previously peid, il greater; For Roissuss, soo above	Reduced	by Bosic	Fling Fee Paid			SUBTO	'AL (3)	(3)		
SUBMITTED BY Complete (// applicable)										
Nome (PrinsType) Dane C. Butzer		tretton No nejs/Agen				Totaliono 614-48		6-3585		
Sonstero D. C. Barty	5				20.		Cate	Aug. 25,	2004	

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or rotten a benefit by the public which is to file (and by the USPTO to process) an explication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including asthering, repairing, and admitting the complete observations from the WESTO. The will very espending when the individual case. Any commonts will be amount of time you require to complete that form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Tradomerk Office, U.S. Oppartment of Commorce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.D. Box 1450, Alexandria, VA 22313-1450.

PAGE 2/14 * RCVD AT 8/25/2004 11:02:11 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/0 * DAIS:7467239 * CSSID:614863585 * DURATION (mm-ss):03-50 00 952 2/14 * RCVD AT 8/25/2004 11:02:11 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/0 * DAIS:7467239 * CSSID:614863585 * DURATION (mm-ss):03-50 00 952 2/14 * RCVD AT 8/25/2004 11:02:11 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/0 * DAIS:7467239 * CSSID:614863585 * DURATION (mm-ss):03-50 00 952 2/14 * RCVD AT 8/25/2004 11:02:11 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/0 * DAIS:7467239 * CSSID:614863585 * DURATION (mm-ss):03-50 00 952 2/14 * RCVD AT 8/25/2004 11:02:11 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/0 * DAIS:7467239 * CSSID:614863585 * DURATION (mm-ss):03-50 00 952 2/14 * RCVD AT 8/25/2004 2